

January 14, 2005

Chief, Policy and Compliance Division

Transmittal # 80 CHAMPVA Policy Manual

**PUBLICATIONS AND TRANSMITTAL CHANGE  
FOR THE CHAMPVA PM (POLICY MANUAL)**

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

**MTOC (Master Table Of Contents).**

- Reformatted.

**Chapter 1, Section 4.1, CITI (CHAMPVA INHOUSE TREATMENT INITIATIVE).**

- Under Policy adds consideration of the negotiated price for pharmacy reimbursement.

**Chapter 2, Section 2.1, X-RAY MAMMOGRAPHY.**

- Amends the Procedure Codes

**Chapter 2, Section 8.3, NEONATAL AND PEDIATRIC CRITICAL CARE SERVICES.**

- Amends Related Authority reference.

**Chapter 2, Section 13.10, STANDBY CHARGES.**

- Removes Procedure Codes.

**Chapter 2, Section 17.12, COLD THERAPY DEVICES FOR HOME USE.**

- Amends Authority and Related Authority reference.
- Under Policy adds clarification that cold therapy devices are excluded from coverage under DME (Durable Medical Equipment) as they are considered a deluxe, luxury item with immaterial features, and/or a comfort and convenience item.

**Chapter 2, Section 17.13, CPM (CONTINUOUS PASSIVE MOTION) DEVICES.**

- Under Policy Considerations adds note to clarify that the physician may determine that medical circumstances exist that would prevent the use of CPM within the 2-day window.

**Chapter 2, Section 22.1, PHARMACY.**

- Under Exclusions removes interferon gamma in the treatment of malignant osteopetrosis, and adds interferon gamma-1b (Actimmune®) for the treatment of idiopathic pulmonary fibrosis.

**Chapter 2, Section 26.3, CT (COMPUTERIZED TOMMOGRAPHY).**

- Under Effective Date removes January 1, 1997, CT scans for acute appendicitis.
- Under Policy Considerations adds that helical (spiral) CT scans with or without contrast enhancement are covered when medically necessary/ appropriate and the standard of care.

**Chapter 2, Section 26.7, MRI (MAGNETIC RESONANCE IMAGING), MRA (MAGNETIC RESONANCE ANGIOGRAPHY), MRS (MAGNETIC RESONANCE SPECTROSCOPY).**

- Under Effective Date corrects referenced policy title.
- Under Exclusions adds that MRI's to confirm breast implant rupture in symptomatic patients whose ultrasonography shows rupture to screen for breast cancer, to evaluate breasts before biopsy, to differentiate benign from malignant breast disease, and to differentiate cysts from solid lesions.

**Chapter 2, Section 26.14, ULTRASOUND (GENERAL).**

- Amends Related Authority reference.

**Chapter 2, Section 31.10, HIGH DOSE CHEMOTHERAPY AND STEM CELL TRANSPLANTATION.**

- Under Effective Date removes October 1, 1995, for HDC with ABMT or PSCT for metastatic breast cancer as a medical review determined this procedure is no longer covered; and adds January 24, 2002, for allogeneic stem cell transplant for Hodgkin's disease.
- Amends the Procedure Codes.

**Chapter 3, Section 5.11, PHARMACY REIMBURSEMENT.**

- Under Policy adds consideration for a negotiated price.

**Chapter 3, Section 6.1, SNF (SKILLED NURSING FACILITY)**  
**REIMBURSEMENT.**

- Under Policy adds the requirements of a qualifying hospital stay of 3-consecutive days or more and that the admission into the SNF take place within 30-days of discharge from the hospital, adds a Note clarifying the exceptions to the 30-day rule, and adds if the qualifying hospital stay is denied as not being medically necessary, the SNF admission will be denied.

**Code Index.** Amends index to add and delete codes referenced in this transmittal.

**Subject Index.** Amends index to add and delete changes referenced in this transmittal.

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